

Lower Green Limited

Arden House Nursing Home

Inspection report

31 Upper Highway
Hunton Bridge
Kings Langley
Hertfordshire
WD4 8PP

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 19 October 2016.

Arden House provides accommodation and nursing care for up to 18 people, some of whom live with dementia. At the time of our inspection there were 15 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by staff who were exceptionally caring and respectful, and who knew them well. People enjoyed living in a person centred home which catered for their requirements.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits, such as GP appointments, optician appointments, chiropodists and hospital visits.

There was a formal process for handling complaints and concerns. The registered manager encouraged feedback from people and acted on the comments received to continually improve the quality of the service. There were effective quality monitoring processes in place to ensure that the home was meeting the required standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were very complimentary about the care they received and the respect and dignity shown to them by staff.

People were made to feel as though they mattered and staff took the time to get to know people so they could provide person centred care.

People could make their own decisions and were encouraged to maintain their independence where it was possible.

Families and visitors were welcomed into the home and staff knew them well.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was very well led.

People's views were central to driving improvements and monitoring quality at the home.

Quality assurance systems were embedded which helped ensure consistently good standards were maintained.

The registered manager was committed to providing an excellent service that benefited everyone.

Staff were highly motivated and there was an open and inclusive culture that empowered people.

The provider's vision and values were embedded in all aspects of service delivery and were owned by all.

Arden House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2016 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the provider's completed Provider Information Return (PIR) which they sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with eight people who used the service, and five relatives of people who used the service. We also spoke with the registered manager, the provider, eight care staff, and the activities co-ordinator. We looked at the care records of four people and the recruitment and training records for five staff employed by the service. We also carried out observations on how people were provided with care and support and reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People said that they felt safe living at Arden house and considered it their home. We saw that the home had a calm and peaceful environment and was presented to a very high standard. We did not observe people being distressed throughout the inspection and saw that staff were always around to support people and offer assistance. One person said, "I think it's lovely here and staff are great. Yes I am very safe here, I have not a cross word to say about anyone here at all, of course I feel safe staff are great." A relative also commented to us, "I am here daily and my [relative] is absolutely safe here, I have no concerns at all, [Relative] loves it here." People who lived at the home were unable to move around without assistance from staff. We observed staff supporting people throughout the day and where necessary, they used the correct equipment to safely support people with moving. A person told us, "Yes I am safe here and staff are very careful, I have no concerns."

We observed that staff were continuously working to keep people safe when they were moving them around the home. Staff told us that because so many people in the home needed the use of a hoist, they would continuously be checking the equipment to make sure it was safe to use. One member of staff said, "We always make sure hoists are checked before use and we make sure the person is safely seated before we move them." Staff also told us of the checks they did so people were able to call for assistance when it was needed. One member of staff said, "We elevate chairs and leave the call bell within reaching distance, we carry out hourly checks at night but sometime it can be half hourly if we need to check people more often." Another member of staff gave us an example of how they had put sensory matts in a person's room because they would not ask for support when they got up. They said, "[Person] doesn't like to ring the bell so we have put a sensory pad in place. When it goes off and we ask why they didn't call us, they say they didn't want to bother us for something small."

We saw that the incidents of people falling were monitored and an analysis was carried out so that patterns could be identified and if needed, safeguarding measures put in place to protect people from future falls. Staff were able to explain to us how they kept people safe when they exhibiting behaviour that could harm others or themselves. One member of staff said, "When people are distressed, we stay calm and quiet. One to one support helps, sometimes it's not that they are being challenging, they are confused." Another member of staff explained to us how they would resolve altercations between people using the service. They said, "If there is some sharpness between people, we try and distract them, I would get another member of staff and we would break up the conversation, we would listen to what is being said but try and lead them away from the conversation that has caused the hostility."

The provider had a safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. Staff said that they would raise even minor concerns. All the staff we spoke with said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to protect the person from harm. We

saw that the manager monitored the people and staff very closely. We saw that all nurses had been registered with the NMC (Nursing and Midwifery Council) and that the manager carried out regular checks on their subscription to ensure they were safe to provide nursing support to people in the home.

Individual and general risk assessments had been undertaken in relation to people's identified support needs and were reviewed six monthly. The risk assessments were discussed with the person or their relatives and had been put in place to keep people as safe as possible. For example people who used mobility aids had risk assessments in place informing staff of how to protect them from harm. One relative said, "I come here every day, my [relative] is absolutely safe here, they have [diagnosis] and can be very challenging and many homes would not take [them] stating they couldn't meet [relatives] needs but the manager assured me this home could meet [relatives] needs and they have completely." Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training.

Staff employed by the service had been through a robust recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been undertaken and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed.

We observed that there was enough staff to support people safely. People we spoke with also confirmed this. We saw throughout the day that staff were available to assist people with their personal care, and to move around the home. One person told us "I feel very safe here, and at night I don't like my bedroom door closed and staff leave it open for me to make me feel safe."

People's medicines administration records (MAR) instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN). It also included how each person should be supported. These records showed that medicines had been administered as prescribed. Medicines were stored appropriately and the home had systems in place for the re-ordering and safe disposal of medicines. Staff training records showed that staff were trained on the safe administration of medicines.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. We saw that most of the staff had been employed at the service for many years and worked with the provider and manager to provide a 'homely' feel to the service. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. A relative we spoke with said, "I very rarely see agency, staff will cover as they really do love the residents, the atmosphere is calm and happy and I think this home is outstanding in all areas, I researched homes for [Relative] and this was by far the best it ticked all the boxes for me and I am here daily we are like family here." Staff told us that they knew the people they supported and therefore supported them in a way that was personal to them. Staff also said that they were encouraged to obtain more experience and qualifications. One member of staff said, "[Manager] keeps us updated with training, every month we get supervisions and the manager comes around to check what we are doing. If we do something wrong, she lets us know about it."

The registered manager told us that training was good and was made available to staff as and when required. We saw that staff had received training in areas such as first aid, epilepsy, infection control and dementia which were all relevant to the needs of the people who lived at the home. A member of staff said, "I love it here, it's a real home from home place to work I have just completed my diabetes training and we have refresher training all the time, we involve the residents and families in the care plan and the manager is great to work for."

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. One member of staff said, "This is a great home and I would not work anywhere else, we get regular training and we're very well supported by our manager, we have regular supervisions and staff meetings, whatever the residents need they get, it's a great place to work."

Staff were able to demonstrate an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Where required, applications were made for people under DoLS to the local authority for approval.

Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans to consent to the care they were provided with. Staff said that where people were unable to verbalise their consent they would use other forms of communication, such as, through touch, pictorials, and eye contact.

Care records showed that staff supported people where possible to maintain a healthy weight. Staff encouraged people to eat well and we observed throughout the day that staff would offer people drinks and snacks. One person said, "The food is lovely and we get lots of choice, nothing is too much trouble here they get me all what I need."

During our inspection we observed the lunchtime routine and found it to be a pleasant and well organised. Staff had a 'hand on' approach to care and people were given choices from a menu, and the food was served to them as they pleased. For example we saw that for breakfast, people were given the choice of breakfast in bed or in the main lounge. People told us that although they had a choice from the menu, there were also alternative meals available if they wanted them. The manager told us that they provided people with fresh food which was home cooked. We saw that the kitchen was located in the centre of the home and had glass walls facing into the lounge area. This allowed for people to watch the meals being prepared. One person said, "The food is good and we get lots of tea, and cold drinks, staff will get me whatever I want". The manager said, "I do not have a budget when it comes to meals, whatever people would like to eat is supplied, one person wanted melon so I got it for them, but then they changed their mind so I got other fruits for them."

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals. Staff would attend visits with them or arrange for professionals to attend the home. The provider kept a record of all medical issues and appointments.

Is the service caring?

Our findings

People were very complimentary about the service and told us they were treated with kindness. People's comments included, "You couldn't meet a nicer bunch of ladies than ours, the staff are fantastic, they look after you and treat me and the others with respect, they are all lovely," and, "Staff are very caring, and patient too as I am not as quick as I used to be but they never rush me and they get me what I want." Both people and relatives felt they were treated by all staff with the utmost dignity and respect. One person said, "The ladies are great, I am very happy here and feel very settled they show respect and always have time to chat with you." This was also evident throughout our inspection where we saw examples of outstanding care.

Staff truly valued the people they supported and the relationships they had with them. This applied to all the staff and not just the care staff. The activities staff, hair dressing, cleaners, cooks, manager and proprietors all had a relationship with the people who lived at the home. A relative described the staff to us, they said, "All the staff are amazing here, in fact the care is outstanding and they show warmth and respect, kindness to my [Relative] who can be difficult but they support [them] and engage with [them] and show nothing but the utmost respect. They are brilliant." Staff we spoke with also exhibited the same love and care towards the people they supported which showed that the care was of an outstanding quality. A relative told us about their experience of the home, they said, "It's a fantastic home and they don't just support my [Relative] they support me too, I get a cooked dinner every day and pudding which I pay for at my insistence, they have sign posted me for support to deal with my [Relative's] condition as I find it very distressing, staff are fantastic here."

We saw that the registered manager lead by example, they told us, "All 15 of the people in this home are the owners, they are the bosses, they tell us how to run the home." We saw for example that one person had asked the manager for a change in cutlery which had been recommended to them. The manager had ordered the person two different types of cutlery so they had a choice of which they preferred. We also saw that on the day of our inspection the home had received an order for mattresses which was more than what had been ordered. We observed a discussion with the manager and the owner who rather than choosing to return the extra items discussed how they could take the opportunity to upgrade peoples mattresses and keep the additional mattresses as spares. We saw that the owner left the decision to the registered manager who clearly had the wellbeing of the people living in the home as their first priority rather than the cost. The manager said to us, "Many home managers have a budget they have to work with, I however don't have a budget, whatever I need for the people we support, I ask for and I know the money will be made available."

People were made to feel as though they mattered, even if they were unable to express their views staff ensured that they had a voice and were able to communicate with them. One person who had limited verbal communication used the aid of picture cards and gestures to tell us that they were happy and that the care staff were kind. We observed that people who were not able to communicate verbally were aided by the home to be included in areas of their interests. We saw that the home had created a tree on a wall to symbolise the changing seasons of the year. The leaves on the tree had recently been changed to reflect the arrival of autumn. Even though the person was not able to verbally communicate, staff were aware that the

person had an interest in art and therefore took the lead from them on the colours required for the tree. Staff used technology such as an iPad to go through colours with the person.

We also saw that another person's family had moved away and wanted to move them closer to them. We were told that the family could not bring themselves to move their relative from Arden House Nursing home; they said that their relative was so happy that they could not move them. A member of staff told us, "I get [person] ready and sometimes their [Relative] will arrive without notice, its lovely because last time they commented to me how lovely and clean the room was and [person using the service] also joined in. They started telling [Relative] about everything I had done with them that morning. It was nice for me to hear that she liked the care I was giving her."

Staff knew people well and gave real thought to what made people happy. We observed that one person had asked staff for a paper and a crossword. Staff took it to their room and laughed with them about the crossword. Staff said how they had attempted the crossword and wanted to know if they would be beaten. Staff told us that this person had recently deteriorated in health but that they had always had a hobby of reading and completing crosswords so they encouraged them to continue. We also observed another person sitting in the lounge area, they were sitting alone but carrying out exercises, as staff would walk by they would call out to staff and demonstrate the exercises they were doing. Staff would interact with the person and provide encouragement to them. The person seemed happy and content. We also saw that at one point, they asked a member of staff to get them something from the cabinet in the communal lounge, the person was able to tell the member of staff exactly what they wanted and where it was placed and in which draw. This resembled when a person lived in their own home and knew exactly where everything was kept. The person knew exactly where things were kept in the communal lounge because it was 'their' lounge and not just a room they used. The person told us, "The ladies [staff] are great, I am very happy here and feel very settled they show respect and always have time to chat with you." We observed this person later in the day calling staff over, they said, "[Inspector] has been asking me questions about the home." The staff member then said, "Well what have you said?" The person then replied, "Well I had to tell them truth you know, it's a lovely place to live, what else am I supposed to tell them?" Both the person and member of staff smiled at each other. This showed how the people in the home and staff had a positive, caring and open relationship with each other.

There was a strong person-centred culture within the home and staff demonstrated this throughout the day. We heard staff regularly ask people if they needed anything and respond to people in a warm manner. We saw that all staff including the provider and the registered manager worked to please the people they support. They would encourage people to have a variety of food choices and made sure that all food was freshly prepared within the home. Although all the people in the home were unable to mobilise independently, staff were always at hand to assist people to move around the home. We saw that when we arrived in the morning, only one person was in the communal lounge. We asked where all the other people were and were told that people had a choice of where they would like breakfast. Staff said, "It's their choice, some people like breakfast in bed, while others prefer to come into the lounge." We saw that the people who had remained in their rooms had their personal care seen to before they had their breakfast and staff would support them where it was needed.

We observed that staff cared for people's wellbeing; we saw that a person was asleep in their room after having breakfast. We observed that their call bell had been left close by so they could ring for assistance. Staff regularly went in to say hello to the person and encourage them to have a drink. We observed that the person began to remove their bed sheets while talking to the member of staff. Staff softly encouraged the person to have a drink and encouraged them to stay warm. We observed that the person had a bandage on, we asked the staff about it. They said, "[Person] has a spot that flares up, so we pop a plaster on so it gets a

chance to heal." People were cared for by staff who were compassionate, understanding and took time out of the day to spend with them. We observed in the afternoon that some people were sitting in the lounge area. A member of staff was giving them manicures and applying nail varnish. We observed that the ladies were all laughing and joking together. One person we saw had difficulty sitting comfortably, staff moved them close to the group of ladies so they could also enjoy the company and be involved in the pampering, staff used additional pillows and rests to make the person comfortable.

People were shown respect and dignity by staff. We heard staff address people with the utmost respect and kindness. Staff told us they would always knock on people's doors and would not wake them up in the morning if they wished to lie in. People were spoken to politely and with an appropriate degree of familiarity and friendliness. No one was ignored and staff took the time to stop and chat as they went about their duties and if staff were called they were quick to attend and help out. Where people had expressed a preference for the gender of staff supporting them with their personal care needs these preferences were respected.

People were encouraged to make their own choices and remain independent. Staff told us they would ask if people preferred a shower or wash in the morning and they would encourage them to choose their own clothes, where they would like to eat their meals and what they wished to do during the day. Staff displayed an extremely good understanding in ensuring people were supported to make their own choices in how they wished to spend their day and involved appropriate health care professionals, such as the district nurses to provide any care people required.

We saw that people were encouraged to maintain links in the community and encouraged to maintain their spiritual beliefs. Staff told us that most people in the home were of the Christian religion, they said that they had arranged for a priest to attend the home regularly for Holy Communion and mass. People were given the opportunity to have Holy Communion in privacy if they so wished. Staff said that the home would also arrange for the local priest to attend the home on religious festivals such as Easter and Christmas.

People were able to maintain relationships with those who were close to them. Staff told us they always took time to get to know people's families as this was a way of engaging in conversation with people. This was evident during the inspection when family members visited and they were greeted warmly and in way that was evident staff knew them well.

Is the service responsive?

Our findings

People's support needs had been assessed prior to being supported by the service. We saw that the home was equipped to meet people's changing needs. For example, the home had various mobility aids available as well as staff who had been trained on how to support people at varying stages of their lives including palliative care. Staff and the manager expressed how they wanted people to stay in the home for as long as they wanted and therefore they would provide them with the support they needed. This showed that the provider identified people's changing needs and acted quickly to support them.

We saw that appropriate care plans were in place so that people received the care that appropriately met their individual needs. There was clear evidence that the care provided was person-centred and that the care plans reflected people's needs, choices and preferences. Routines were set out according to the person's preferences. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

We saw that people were encouraged to take part in activities throughout the day. The activities staff told us, "I have been involved with the home for 10 years and working for them for 3 years, I display visual activities monthly. We have family meetings for feedback and we have singers coming in to entertain the residents. Staff are very skilled here and I really enjoy coming to work." We observed throughout the day that various small activities were available to people. There were various types of visual stimulation for people who did not wish to join in group activities which included magazines, newspapers and books. The member of staff who facilitated the activities also had a pleasant personality and was well known to the people.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. The manager told us that they provided a very personal service that supported people to live a good and comfortable life. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a very personal service which made the home a very friendly place to be.

There was a complaints policy and procedure in place and people were made aware of this when they joined the service. People we spoke with knew who they needed to talk to if they had any issues or concerns and felt comfortable in raising concerns. We saw that the provider had documented formal complaints and any action taken was recorded and followed up. There had been no complaints made to the manager in the past year.

Is the service well-led?

Our findings

Everyone without exception spoke highly about the management team. We were told by people, their relatives and staff that the service was extremely well-led by the manager and also the proprietors. One person said, "[Registered manager] is excellent, she always has time to chat and talk about things, and staff really do like her." One relative said, "My [relative] loves it here and could not wish for better, staff show kindness and we see the owners all the time, the owner cuts the trees and grass and his wife is here all the time, making sure everyone is happy, its great and I cannot speak highly enough of everyone here." A person using the service also commented about the owners of the home, they said, "The manager is fantastic here, we see her all the time along with the owners, and the whole place is lovely."

There was an extremely positive culture within the home which promoted honesty, openness and an application of human rights, diversity and equality during care delivery. As a result, people received a highly individualised service from a dedicated and committed staff team. People were empowered by the provider who ensured that people were able to voice their opinions on the quality of service provided. A relative when speaking to us about the management of the home said, "The manager is excellent and very kind, we are very happy with the way she runs the home and how staff look after my [Relative]."

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw that the local authorities' health and community service teams carried out independent assessments on the service that people were receiving from the home. The latest assessment showed that the local authority had given Arden House a 93% score. We also saw that the home was a gold member of Hertfordshire Care Provider Association (HCPA). The manager told us that they would meet four times a year to share best practise and share learning. The registered manager said, "We work with local organisations and the local authority to ensure we are meeting the expectations. It's nice when we get local authorities telling us how well we are doing."

We saw that the culture was open, inclusive and empowering. People spoke very highly of the registered manager and told us they felt valued as individuals. We saw that staff were recognised for their potential and put forward for additional qualifications and career development. Staff were highly motivated and told us that they were fully supported by the registered manager to understand their roles and responsibilities. They told us that the registered manager led by example and regularly thanked them for the work they did. One member of staff said, "I love working here and would not work anywhere else". Another member of staff said, "[Register manager] is excellent, [they provide] good leadership and is always approachable it's an open door policy and I would not hesitate to speak to her about anything, really great."

The registered manager took responsibility for keeping herself up to date on current good practice. We saw that the manager is working towards a 'skills for care' leadership award in from which she hoped to learning best practise from other organisations and share her learning with staff to further improve the home. We saw that as routine the manager regularly shared her knowledge and information with the staff team. For example, if there were any updated in legislation, this would be shared with the team in meetings and through notices posted within the offices. The registered manager had also obtained information and

guidance from other professionals in order to drive improvements and worked closely with the local authority to ensure they were meeting the required standards. As a result the registered manager had developed a positive relationship with the local authority and was called on for people with urgent care needs.

People's views were regularly obtained by way of satisfaction surveys which were used to drive improvements. A relative told us, "I love [registered manager], she has been so supportive when we were having difficulties getting my [Relative] placed here, she went over and beyond her job to sort things out, all the staff here are great and everyone is happy in their job". The findings from the 2015/2016 surveys were analysed with everyone rating aspects of the service as either 'good' or 'excellent'. Although this did not identify any specific areas for development the registered manager still put a development plan in place. This showed that the registered manager was committed to the continual improvement of the home.

We found that formal resident meetings did not take place. However, people were able to voice any issues or concerns daily and these were recorded within the person's care plan. The manager explained that she would walk around the home and personally speak with each person on a daily basis and of anyone raised anything with them, then it was recorded and action taken. For example they told us that a person had told them that they wanted a change in the fruit available, we saw that in their care plan it had been documented and since offering the fruit they had requested, the person had changed their mind several times and the manager had provided the person with all types of fruit they had requested. The manager said, "I do not wait for a monthly meeting to speak to people, I talk to them every day."

The registered manager also carried out unannounced spot checks on the home. We saw that the manager had carried out a spot check on a Sunday when they were not expected at the home. They carried out a detailed inspection of the home and reported on what they found. It was pleasant for us to see that within the report the manager had noted comments made by people using the service and observations they had made during the visit. The manager told us that she would carry out such visits to reassure herself that people were receiving the same level of care at all times and that staff would continue to provide a high level of service without management input.

The provider and the management team had ensured on-going compliance with the regulations over many years which had assisted them to gain an excellent reputation with other professionals. The manager told us that they also work closely with the local Hospices and organisations such as 'Marie Curie' in order to offer end of life care. The manager told us that they would be first to be contacted when there was an urgent need of palliative care. The home also has weekly visits from the hospice staff and Marie Curie nurses to monitor the care being provided to people on end of life. When we spoke to people from both organisations they told us that the home was always willing to assist and support them to assist people and their families.

We found that a range of quality assurance audits were completed by the registered manager that helped ensure quality standards continued and legislation was complied with. The audits in place ensured that the manager was aware of all that was happening in the home and was able to plan ahead. This was because the audits would allow for them to identify any trends that needed to be addressed. For example, the manager carried out an audit of people with chest infections. The manager explained that by monitoring people who were prone to chest infections they were able to put strategies in place when the weather turned colder to try and protect them in the winter months. The manager also carried out an audit on 'palliative care' this was again to ensure that people received the highest level of care when they came to the home. The manager said that they audited the care that had been given to people to ensure that they had met the standards they have set and to see if anything further could be done to improve the experience for future residents and their families. The manager also carried out audits in areas such as, medication, care

plans, and risk assessments. Where shortfalls were identified, action plans were put in place and steps taken to take action promptly.

There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during induction. Discussions with staff and records confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously. The registered manager demonstrated knowledge and understanding of safeguarding issues in line with her position. She was able to explain when and how to report allegations to the local authority and to the CQC. The registered manager submitted statutory notifications to us in line with her legal responsibilities.